



DISABILITY RETIREMENT APPLICATION CHECKLIST
In Connection With Disability Retirement Under the Civil Service Retirement System

Form Approved:
OMB No. 3206-0133
Form Expires 4/30/87

To Be Completed by Employing Office

1. Applicant's name (<i>Last, first, middle</i>)		2. Date of birth (<i>mo., day, yr.</i>)		3. Social Security Number		
4. Will employee remain in duty status? Yes _____ No: Give _____						
4a. Date pay stopped or will stop						
5. Has employee ever received or made application for compensation from the Veterans Administration? Yes: Give _____ No _____						
5a. Claim number		5b. Period for which compensation was received				
From (<i>mo., day, yr.</i>)		To (<i>mo., day, yr.</i>)				
6. Are the following documents attached? (<i>Indicate by "X" for each</i>)				Yes	No	Not Applicable
a. SF 2824A, Applicant's Statement of Disability						
b. SF 2824B, Supervisor's Statement						
Employee's Performance Standards						
Employee's Position Description						
Supporting Documentation Regarding Employee's Performance						
Supporting Documentation Regarding Employee's Leave Use						
Supporting Documentation Regarding Employee's Conduct						
c. SF 2824D, Agency Certification of Reassignment and Accommodation Efforts						
Supporting Documentation of Agency's Accommodation Efforts						
Supporting Documentation of Employee's Non-Selection or Reassignment						
d. SF 2824C, Physician's Statement (or equivalent)						
e. Agency report of Federal Medical Examination (if one was made)						
7. On Supervisor's Statement (SF 2824B) is Section B, item 4, answered "Yes"? No _____ Yes: Attach (1) A copy of the employee's performance appraisal covering employee's service prior to the date shown in Section B, item 5, of the Supervisor's Statement, AND (2) A copy of the performance appraisal covering service after that date, if available.						
8. If employee is temporarily at an address other than the one given on SF 2801, Section A (<i>such as hospital, nursing home, or with a relative</i>), enter address, including ZIP Code.				9. If employee is unable to act on his or her own behalf, give name and address of person acting for him or her.		
10. List any documents attached which are not listed in item 6 above, or other information regarding this applicant.						

Agency Certification

11. Is SF 2801, Application for Immediate Retirement, attached? Yes _____ No _____		13e. Full agency name and address (<i>including ZIP Code</i>)	
12. Do available records show that the above named employee, member of the Civil Service Retirement System, has at least 5 years of civilian service? Yes _____ No _____			
13. I CERTIFY that the information shown above accurately reflects verified information in official records.			
13a. Signature of Chief Personnel Officer or Designee		14. Agency office to be notified of Civil Service Retirement System's determination (<i>include specific official to receive notice and telephone number, including area code</i>)	
13b. Official Title			
13c. Telephone number (<i>including area code</i>)	13d. Date		
Check here if address is same as 13e. _____			